BEST AVAILABLE CORY .													
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number 42390 P11651													
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OB	OTHER THAN		
TOTAL CLAIMS			30				F	ATE	FEE	٦ ٦	RATE	FEE	ł
FOR			NUMBER FILED		NUMBER EXTRA		BA:	IC FE	355.00	┧╓	BASIC FE		1
TOTAL CHARGEABLE CLAIMS			30 <b>20</b> ninus 20=		10 02		×	\$ 9=		OR	7400	100	16
INDEPENDENT CLAIMS			#Pminus 3 =		19,			40=		1		000	74
MI	JLTIPLE DEPENC	DENT CLAIM P	RESENT						-	OR		SA	K
* If the difference in column 1 is less than zero, enter "0" in column 2						L.	35=		OR	+270=		L	
CLAIMS AS AMENDED - PART II							10	TAL		OR		770	V
(Column 1) (Column 2) (Column 3)						SA	IALL	ENTITY	OR	OTHER SMALL		136	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	. R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	42	Minus	. 3	Ù	- 12	· X	9=		OR	X\$18=	216	
	Independent	. 5	Minus .	*** '	1	•	X	10=		OR	X80=	5 <u>°</u> C	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35≖			+270=	<b></b>	
								OTAL		OR	TOTAL	0 $C$	j.)a
(Column 1) 4-2-04 (Column 2) (Column 3)								. FEE	L	OR ,	ADDIT. FEE	46	
_		CLAIMS	L -	HIGH	EST				ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	R/A	TE	TIONAL FEE		RATE	TIONAL FEE	
	Totai •	08	Minus	4	2	• /	XS	9=		OR	X\$18=		
	Independent •	TATION DE MU	Minus ••• LTIPLE DEPENDENT		CI AIM	· /_	X4	0=		OR	X80=		
_					<u> </u>		+13	5=		OR	+270=	1	
_								OYAL		OR ,	TOTAL ODIT. FEE	0	
(Column 1) (Column 2) (Column 3)												7	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	28	auniM	. 4	2	•	X\$	9= .		OR	X\$18=		
	Independent •		Minus	<u> 5</u>		- /	X4	)=		OR	X80=		
لا	FIRST PRESENT	TATION OF MU	LTIPLE DEP	ENDENT	LLAIM		+13	_			.070		, ,
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								STAL		OR	+270= TOTAL		
••••	I the Highest Numb	per Previously Pa	d for in this	S SPACE IS	less than	3, enter "3."	ADDIT.	FEE	البيستيس		DOIT. FEE		
1	The "Highest Numbe	er Previously Paid	For (Total or	Independer	u) is the	highest number (	lound in t	he app	xod elsingon	in colu	mn 1.		

FORM PTO-875 (Rev. 8/00)

Petent and Trademark Office, U.S. DEPARTMENT OF COMMERCE